

# FIRST STEPS DATABASE

## BIRTH RATES AFTER WELFARE REFORM

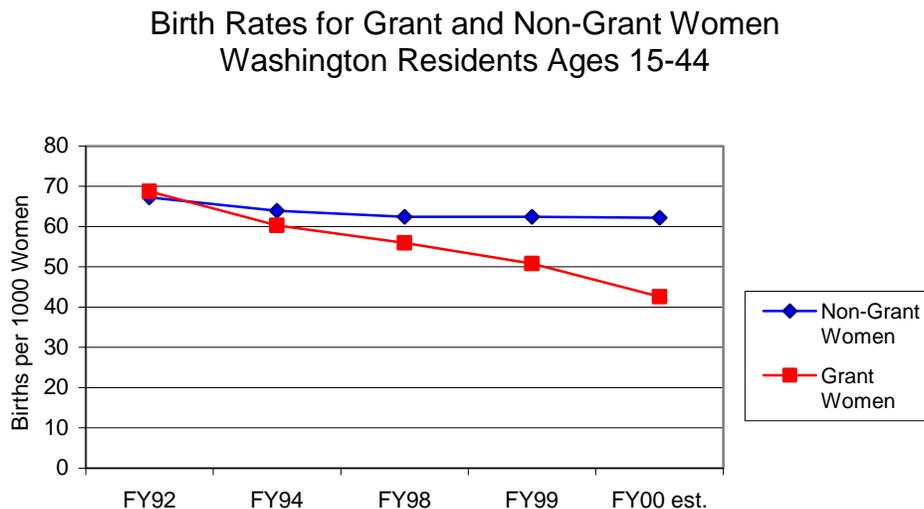
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Family planning is an essential component of programs designed to help welfare clients become self-sufficient. Washington's Community Services Offices (CSOs) determine financial eligibility for entitlement programs such as federal Temporary Assistance for Needy Families (TANF) and Medicaid, and provide social services, including case management. In the early 1990s, Washington started a pilot program to bring family planning services into CSOs to increase access to these services for low-income clients. As of September 2001, the majority of CSOs have Family Planning Nurses co-located in the offices, and seven CSOs have full-exam family planning clinics located within their buildings.

WorkFirst (Washington's public assistance-to-work program) has an explicit goal of zero additional births for women in the WorkFirst program. When clients apply for public assistance, they receive family planning information and referral as needed to the family planning nurse in the CSO. The Family Planning Nurse provides information, assistance, education, and limited reproductive health services to eligible clients.

This report describes changes in birth rates for women on welfare (referred to as grant women, to include both AFDC to July 1997 and TANF after July 1997) and compares these rates to those for all other Washington women (referred to as non-grant women). The birth rate for grant women is measured by dividing the number of births to women on welfare at the estimated time of conception and at delivery by the total unduplicated count of women on welfare during the fiscal year.



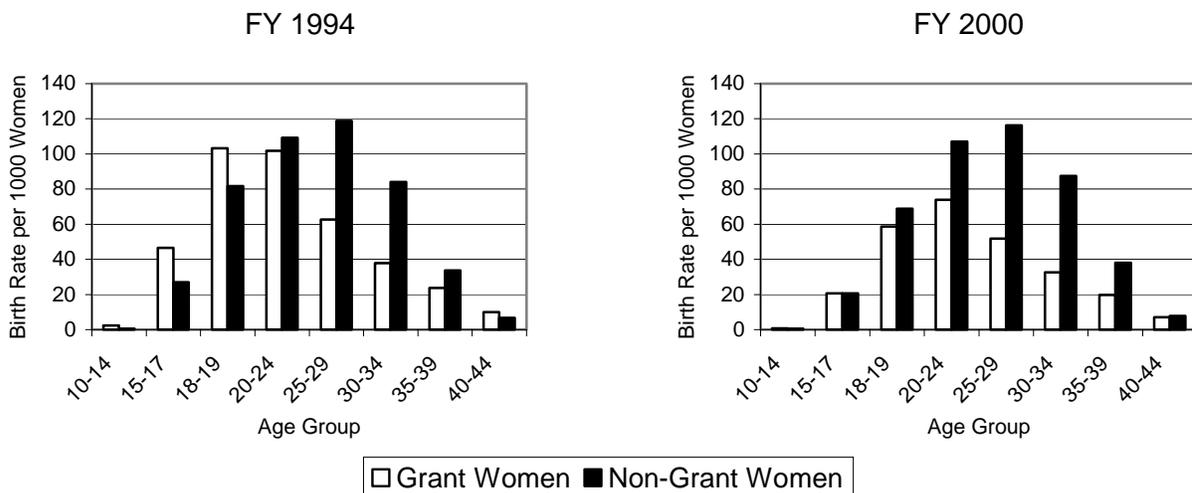
- Since FY1994, the birth rate for grant women has decreased from 60.3 per 1000 to 42.6 per 1000, a decrease of nearly 30%.
- During the same time period, the birth rate for non-grant women has remained essentially unchanged at 63.9 per 1000 in FY1994 and 62.2 per 1000 in FY2000 (est.).

## AGE-SPECIFIC BIRTH RATES

Birth rates for teens have been decreasing both for the nation as a whole and for Washington State. In 1999, Washington teens age 15 to 17 had 39.2 pregnancies per 1,000 (22.4 births per 1000 plus 16.6 abortions per 1000) while those age 18 to 19 had 113.6 pregnancies per 1,000 (72.0 births per 1000 plus 41.0 abortions per 1000). Both of these rates were the lowest recorded in Washington since 1980. While this trend is encouraging, teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

The following graphs compare age-specific birth rates for grant and non-grant women. In FY 1994, the age groups with the highest birth rates were 18-19 year olds for grant women (rate of 103.3 per 1000) and 25-29 year olds for non-grant women (rate of 118.8 per 1000). By FY 2000, the age group with the highest birth rate had shifted to 20-24 year olds for grant women (rate of 73.9 per 1000) and remained the same for non-grant women (rate of 116.3 per 1000 for 25-29 year olds).

Age-specific Birth Rates for Grant and Non-Grant Women



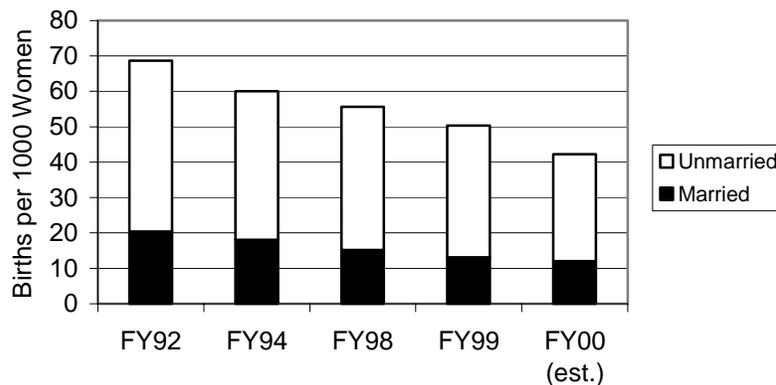
- In FY1994, birth rates for teens on welfare were substantially higher than those for all other teens: 46.6 births per 1000 teens on cash grants age 15-17, compared to 27.0 per 1000 non-grant teens age 15-17; and 103.3 births per 1000 teens on cash grants age 18-19, compared to 81.7 births per 1000 non-grant teens age 18-19.
- By FY2000, birth rates for teens on welfare were the same as, or lower than, those for all other teens: 20.7 per 1000 teens on cash grants age 15-17, compared to 20.6 per 1000 non-grant teens age 15-17; and 58.6 births per 1000 teens on cash grants age 18-19, compared to 68.8 per 1000 non-grant teens age 18-19.
- For grant women, the birth rate decreased from 46.6 to 20.7 per 1000 teens age 15-17, a decrease of more than 55%, and from 103.3 to 58.6 per 1000 teens age 18-19, a decrease of more than 40%.

While the teen birth rate has declined nationally, the magnitude of the decrease among grant women in Washington is much greater than the national trends.

## BIRTH RATES AMONG UNMARRIED AND MARRIED WOMEN

Unmarried mothers are more likely to be dependent on welfare and to remain on welfare for longer periods of time after enrollment. In 1999, one-fourth (25.7%) of women on welfare were married at the time of delivery, compared to 90.2% of higher income women (not on Medicaid or welfare). Since FY1992, birth rates for unmarried women and for married women on welfare have decreased by about 40% (as shown below).

Birth Rates for Married and Unmarried Women on Welfare  
Washington Residents Ages 15-44



- The birth rate for unmarried women on welfare decreased from 48.2 per 1000 in FY1992 to 30.2 per 1000 in FY2000. This represents a decrease of 37%.
- The birth rate for married women on welfare decreased from 20.4 per 1000 in FY1992 to 12.0 per 1000 in FY2000. This represents a decrease of 41%.

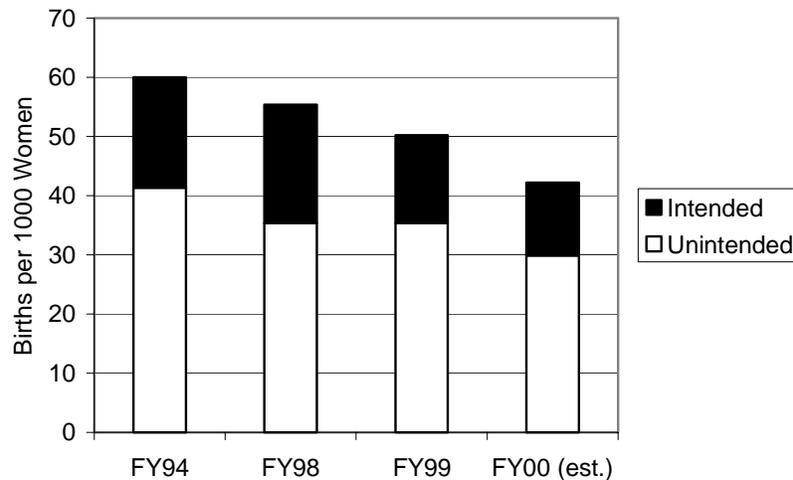
The decreases in marital and non-marital birth rates are similar to the overall decrease in birth rates to grant women.

## BIRTHS FROM UNINTENDED PREGNANCIES

Since 1995, Washington's Department of Health and Department of Social and Health Services have supported a shared vision that *all pregnancies should be intended, i.e., they should be consciously and clearly desired at the time of conception.*

Unintended pregnancies can have adverse effects on both children and their parents. Unintended pregnancies include those pregnancies that women report they did not want (unwanted) and those they report occurred earlier than they wanted (mistimed). In Washington, data on the feelings of new mothers about the beginning of the pregnancies are available from the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey administered by the Department of Health. PRAMS questions address both the timing of the pregnancy and whether the pregnancy was wanted at the time of conception.

## Births from Intended and Unintended Pregnancy Among Grant Recipients



- The birth rate from intended pregnancies among grant women has decreased from 18.8 per 1000 in FY1994 to 12.4 per 1000 (est.) in FY2000. This represents a decrease of 34%.
- The birth rate from unintended pregnancies among grant women has decreased from 41.5 per 1000 in FY1994 to 30.2 per 1000 (est.) in FY2000. This represents a decrease of 27%.

Unintended pregnancies occur among women of all socioeconomic levels and all marital status and age groups, but females under age 20 and poor women are especially likely to become pregnant unintentionally. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully. Language and cultural differences may also be significant barriers in access to family planning information and services.

The reductions in overall birth rates and especially teen birth rates among grant women, and in rates of births from intended and unintended pregnancy, are encouraging. Challenges remain to achieve further reductions among these women at high risk of unintended pregnancy.

It is important to note that the trend in decreasing birth rates among grant women began in fact before welfare reform was implemented in Washington State in July 1997. Washington's WorkFirst program (as TANF was named in this state) makes explicit the goal of zero additional births for women on welfare. Without the efforts begun in the early 1990s to bring family planning into CSOs and to increase access to these services for low-income clients, it is unlikely that such a large change in birth rates would have occurred after welfare reform.

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The First Steps Database was developed to serve as a program monitoring tool for agencies involved in the implementation of First Steps, the Maternity Care Access Program of 1989. The database links Medicaid claims and eligibility data with birth and death certificates. Additional copies of this report (#9.61) and a list of references may be requested from DSHS Research and Data Analysis (phone 360-902-0707). RDA reports are also available at the Internet site [www-app2.wa.gov/dshs/rda](http://www-app2.wa.gov/dshs/rda).